|  | QUEST FOR QUO   |                        |   | THIS RFQ X IS IS NOT A SMALL BUSINESS SET-ASIDE  PAGE OF PAGES 1 11  3. REQUISITION/PURCHASE REQUEST NO. 4. CERT. FOR NAT. DEF. RATING |   |                             |   |                                   |                        |         |                 |            |
|--|---|------------------------|---|--|---|-----------------------------|---|-----------------------------------|------------------------|---------|-----------------|------------|
| 1. REQUEST NO.   |   | 2. DATE ISSUE          |   |  |   | REQUEST NO.                 | UND   | ER BDS                            | A REG. 2               | RATIN   | IG              |            |
| N00173-3   | 12-Q-0143   | 4/1                    | .1/12   | 75-02  | 21H-12  |                             |   |                                   | AS REG. 1<br>BY (Date) |         |                 |            |
|  | Officer (Cod  | 0 2410)                | NDT Was   | hinato   | n DC 20   | 375-5329                    | 0. 522  |                                   | /20/12                 |         |                 |            |
| Suppry   |   | OR INFORMAT            |   |  |   | 373-3323                    | 7. DELIV                                      |                                   |                        |         | OTHER           |            |
| The state of the s |   |                        |   |  |   | NE NUMBER × FOB DESTINATION |   |                                   |                        |         | hedule)         |            |
| Diltric  | ia Montgomer  | v                      |   | AREA CODE  | NUMB  | ER                          |   |                                   | 9. DESTI               | NATION  |                 |            |
|  |   |                        |   | 202  | 767   | -0022                       | -   |                                   | ONSIGNEE<br>Researcl   | n Tak   | orat            | ory        |
|  |   |                        | 8. TO:  | ADANIV   |   |                             | b. STRE                                       |                                   |                        | п цал   | OLAL            | OLY        |
| a. NAME<br>All Quot  | ters  |                        | b. CON  | MPANI  |   |                             | EMESTICAL STREET                              |                                   | e Hopper               | Ave     |                 |            |
| c. STREET ADDR   |   |                        |   |  |   |                             | c. CITY                                       |                                   |                        |         |                 |            |
| 20.20  |   |                        |   |  |   |                             | Mo  | nte                               | rey                    |         |                 |            |
| d. CITY  |   |                        |   | e. STATE   | f. ZIP C  | ODE                         | d. STATE e. ZIP CODE                          |                                   |                        |         |                 |            |
|  |   |                        |   |  |   | 2)<br>                      |   | CA 93943                          |                        |         |                 |            |
| ISSUING O  | INISH QUOTATIONS TO T<br>FICE IN BLOCK 5a ON OR<br>CLOSE OF BUSINESS<br>4/20/12 | S (Date)               | o indicate on ti<br>osts incurred ir<br>domestic origin<br>Quotation must   | his form and<br>n the prepara<br>i unless other<br>t be complete   | return it to the<br>tion of the sub<br>wise indicated<br>ed by the quot |                             | request doe:<br>or to contrac<br>ations and/c | s not co<br>ct for si<br>or certi | ommit the Govern       | Supplie | s are of        |            |
| TEMPIO   | _   |                        | CHEDULE   | (Include   | applicable  | Federal, State and lo       | UNIT UNIT                                     |                                   |                        | AMOUNT  |                 | DUNT       |
| ITEM NO.<br>(a)  |   | SUPPLIES/ SERVICES (b) |   |  |   | (c)                         | (d)   |                                   | (e)                    |         | (f)             |            |
|  | See attache   | d contin               |   |  |   |                             |   |                                   |                        |         |                 |            |
| N  |   |                        |   | CALENDAR DAYS  |   | b. 20 CALENDAR DAYS         | c. 30 C/                                      | ALEND                             | AR DAYS (%)            |         | d. CALENDAR DAY |            |
| 12. DISCOUN  | T FOR PROMPT PAYM   | ENT                    | (%)   |  |   | (%)                         |   |                                   |                        | NUM     | DEK             | PERCENTAGE |
| NOTE ALL   |   |                        | ations  | T are  |   | re not attached.            |   |                                   |                        |         |                 |            |
| NOTE: Add  | itional provisions a  |                        | DATE OF THE STATE | are  | ٠ ا ا   | 14. SIGNATURE OF PERSO      | N AUTHOR                                      | IZED T                            | 0                      | 15. D   | ATE OF C        | QUOTATION  |
| a. NAME OF QU  |   | ID ADDRESS OF          | QUOTER  |  |   | SIGN QUOTATION              |   |                                   |                        |         |                 |            |
| b. STREET ADD  | RESS  |                        |   |  |   |                             |   | 16                                | 5. SIGNER              |         |                 |            |
|  |   |                        |   |  |   | a. NAME (Type or print)     | ) .   |                                   |                        |         |                 | EPHONE     |
| c. COUNTY  |   |                        |   |  |   |                             |   |                                   |                        | AREA    | CODE            |            |
| d. CITY  |   |                        | e. STATE  | f. ZIP CODE  |   | c. TITLE (Type or print)    |   |                                   |                        | NUM     | BER             |            |

STANDARD FORM 36 JULY 1966
GENERAL SERVICES ADMINISTRATION
FED. PROC. REG. (41 CFR) 1-16.101

CONTINUATION SHEET
REF. NO. OF DOC. BEING CONT'D
N00173-12-Q-0133
2 11

## NAME OF OFFEROR CONTRACTOR

| ALL QUOT<br>ITEM NO. | SUPPLIES/SERVICES  | QUANTITY  | UNIT | UNIT<br>PRICE | AMOUNT |
|----------------------|--|-----------|------|---------------|--------|
| 0001                 | Part No. FALCON-IV F4-32000-J  | 2         | ea   |               |        |
|                      | RAIDinc FALCON-IV 32TB SAS-SATA-II JBOD Rackmount Raid System (16) 2TB 7200RPM hot/swap SATA-II disk drives/carriers Dual hotswap redundant power supplies and fans 16-bay JBOD SAS-SATA_II Rackmount Raid Chassis, 3U form factor Rackmount Rail Kit GUI storage management software package RAIDinc RAIDserv Tier-2 service and support package includes: 24x7 live telephone technical support 24-hour advanced parts replacement firmware and software updates and maintenance RAIDinc support site login access Upgrade expansion to RAID Inc Falcon IV system - Sn#20996 | <b>**</b> | *    |               |        |
|                      | Brand Name or Equal  | i a       |      |               |        |
|                      | If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202) 767-6678.  |           |      |               |        |
|                      | Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of the RFQ.  |           |      |               | 8      |
|                      |  |           | 87   |               |        |
|                      |  | e e       |      |               |        |
|                      |  |           |      |               |        |